



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF CAREER SERVICES

PAYMENT VOUCHER FORM

COMMODITY-BASED PAYMENT REQUEST (PRC) DOCUMENT ID						
CODE PRC	DEPT EOL	UNIT	ID	DATE	ACCTG PRD	BUD FY 200_
ACTION E	(E) (M)	SCH PAY DATE	OFF LIAB ACCT	VENDOR'S CERTIFICATION: I certify that the goods were shipped or the service rendered as set forth below. (1) (Please sign in ink)		
REFERENCED DOC ID: CT EOL 3250 WTFEXP _ _ _ _						

VENDOR NAME AND ADDRESS

DOCUMENT TOTAL: (2)		VENDOR INVOICE NUMBER (3)			TAXPAYER ID NUMBER (FEIN) (4)			VENDOR CODE VC			EMP				
REFERENCED ORDER #	PROGRAM	LINE	QUANTITY	DESCRIPTION						UNIT PRICE		AMOUNT			
Workforce Training Fund Express				WORKFORCE TRAINING FUND/EXPRESS											
				The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and specific laws and regulations. DCS DEPARTMENTAL APPROVAL SIGNATURE: _____ DATE: _____ TEL # _____											
FUND and DETAIL ACCOUNTING															
LN 01	CODE	DEPT	UNIT	ID	LINE	DEPT EOL	APPROP	SUB	UNIT	S/UNIT	OBJ PP1	PROGRAM	PHASE	EVENT TYPE	ACTIVITY
	RPTG	FUND	COMMODITY CODE 861018020000		DEPT	VENDOR INVOICE NUMBER				DESCRIPTION:					
		MSA #	LINE #	DISC	DATES OF SERVICE (5) To				QUANTITY	(6) AMOUNT:			I/D	P/F	

I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed.

FOR ACCOUNTING SERVICES DEPARTMENT USE ONLY:

PREPARED BY: _____
APPROVED BY: _____
ENTERED BY: _____

TITLE: _____ DATE: _____
TITLE: _____ DATE: _____
TITLE: _____ DATE: _____